

Trans-Cultural Points Of View On Medicinal Treatment

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Discussion Paper 1

Multiculturalism and Healthcare

Working and interacting with people from diverse backgrounds is an essential part of healthcare practice. Healthcare professionals meet patients from different cultures, religions, ethnic groups, languages, socioeconomic backgrounds, and family systems. These differences influence how patients understand health, illness, pain, treatment, and recovery. Therefore, healthcare professionals must develop cultural awareness and sensitivity to provide safe and respectful care.

Multiculturalism recognizes that society contains people with different cultural identities and experiences. In healthcare, multiculturalism means accepting that patients may have beliefs and practices that are different from those of the healthcare provider. A patient may explain illness through religious or spiritual beliefs, prefer traditional remedies, follow specific dietary rules, or involve family members in decision-making. These practices should not automatically be dismissed as incorrect. Instead, the healthcare professional should seek to understand their meaning and determine how they can be respected while providing effective medical treatment.

Communication is one of the most important aspects of multicultural healthcare. Language barriers can prevent patients from understanding diagnoses, treatment options, medication instructions, and consent forms. Miscommunication may lead to errors and mistrust. Professional interpreters should be used when necessary rather than relying only on family members, especially for sensitive or complex information. Healthcare providers should also use clear language, avoid medical jargon, and confirm that the patient understands the information.

Cultural differences also affect nonverbal communication. Eye contact, physical touch, personal space, gestures, and emotional expression have different meanings across cultures. For example, avoiding eye contact may be viewed as respectful in one culture but as dishonest or disengaged in another. A healthcare professional should avoid making immediate judgments based on their own cultural standards.

Another important issue is religious diversity. Religious beliefs may influence decisions about blood transfusions, end-of-life care, reproductive health, fasting, clothing, and interaction with providers of a different gender. Healthcare professionals should ask patients about any religious needs that may

affect care. When possible, reasonable accommodations should be made. However, the provider must also explain medical risks clearly and follow ethical and legal requirements.

Family structure is another area where cultural differences are important. In some cultures, healthcare decisions are made collectively by the family rather than by the patient alone. While patient autonomy remains a fundamental ethical principle, providers should ask patients whom they want involved in discussions. Respecting family participation can strengthen trust and improve treatment adherence.

Social Sensitivity in Medical Practice

Social sensitivity refers to the ability to recognize and respond appropriately to the feelings, needs, and circumstances of others. In healthcare, it requires professionals to understand that health is affected not only by biological factors but also by social conditions. Poverty, housing, education, discrimination, employment, immigration status, and access to transportation can influence a patient's health and ability to follow treatment.

For example, a physician may prescribe a medication without realizing that the patient cannot afford it. A nurse may recommend a special diet without considering whether the patient has access to suitable food. A clinic may schedule frequent appointments for someone who lacks transportation or cannot take time away from work. Socially sensitive care requires healthcare professionals to ask about these barriers and work with patients to identify realistic solutions.

Bias and stereotyping can interfere with medical care. Healthcare professionals may hold conscious or unconscious assumptions about patients based on race, gender, age, disability, weight, religion, or socioeconomic status. These assumptions can affect communication, diagnosis, pain management, and treatment decisions. Professionals should reflect on their biases and rely on individual assessment rather than stereotypes.

Respectful listening is essential. Patients should feel that their concerns are taken seriously. Interrupting patients, dismissing symptoms, or making assumptions can damage trust. Active listening involves giving attention, asking appropriate questions, acknowledging emotions, and summarizing information to ensure understanding.

Social sensitivity also includes using respectful language. Healthcare workers should ask patients how they prefer to be addressed and avoid language that stigmatizes illness or identity. Person-first language can emphasize that an individual is more than a diagnosis. For example, saying "a person with schizophrenia" rather than "a schizophrenic" can promote dignity.

The Four Levels of Suffering

Suffering is a complex experience that extends beyond physical pain. Healthcare professionals should understand that patients may suffer at several levels. The four levels of suffering can be discussed as physical, psychological, social, and spiritual suffering.

Physical Suffering

Physical suffering includes pain, fatigue, nausea, breathing difficulties, weakness, and other bodily symptoms. Effective healthcare requires careful assessment and management of these symptoms. Patients experience pain differently, and providers should not assume that visible behavior accurately reflects the severity of pain. Cultural norms may influence whether a patient expresses or hides discomfort.

Psychological Suffering

Psychological suffering includes fear, anxiety, depression, anger, guilt, and loss of control. Serious illness can change a person's sense of identity and future. Patients may worry about death, disability, treatment failure, or becoming dependent on others. Healthcare professionals should provide emotional support and refer patients to mental health services when appropriate.

Social Suffering

Social suffering occurs when illness affects relationships, employment, finances, and participation in society. A patient may become isolated, lose income, or feel like a burden to family members. Stigma can worsen social suffering, particularly in conditions such as mental illness, HIV, addiction, or disability. Healthcare teams should consider social work support and community resources.

Spiritual Suffering

Spiritual suffering involves questions about meaning, purpose, faith, guilt, and hope. It may occur when a patient struggles to understand why an illness has happened or feels abandoned by a higher power. Spiritual care does not require the healthcare provider to share the patient's beliefs. It involves listening respectfully and offering access to chaplains, religious leaders, or other sources of support if the patient desires them.

These four dimensions are interconnected. Physical pain can cause anxiety and isolation. Financial pressure can worsen emotional distress. Spiritual beliefs can provide comfort or increase fear. Therefore, healthcare professionals should assess the whole person rather than treating only the

disease.

In conclusion, multicultural awareness, social sensitivity, and an understanding of suffering are essential for effective healthcare practice. Patients have different beliefs, values, languages, and social circumstances that influence their healthcare experiences. Respectful communication, active listening, avoidance of stereotypes, and attention to physical, psychological, social, and spiritual needs can improve the quality of care. Healthcare professionals should approach each patient as a unique individual and develop care plans that protect dignity while meeting medical needs.

Reference Page

Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services. *Journal of Transcultural Nursing*, 13(3), 181-184.

Kleinman, A. (1988). *The illness narratives: Suffering, healing, and the human condition*. Basic Books.

World Health Organization. (2010). *How health systems can address health inequities linked to migration and ethnicity*. WHO Regional Office for Europe.